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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/521,540-Conf. #9336
	Filing Date	July 11, 2005
	First Named Inventor	Achim Feurer
	Art Unit	1624
	Examiner Name	Rao, Deepak R.
	Attorney Docket No.	Le A 36 009 [69042(303989)]

Please change the Correspondence Address for the above-identified application to:

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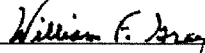
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bayer HealthCare LLC				
Address	555 White Plains Road				
City	Tarrytown	State	NY	Zip	10591
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Telephone	(914) 333-6945			Email	

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- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 31,018
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature	
Typed or Printed Name	William F. Gray
Date	June 11, 2008
Telephone	(914) 333-6944

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 11, 2008

Electronic Signature for Gabriel J. McCool: /Gabriel J. McCool/